United States Bankruptcy Court 61288, Houston TX 77208	SOUTHERN DISTRIC	CT OF TEXAS P.O.Box sion)	PROOF OF CLAIM
Name of Debtors	· · · · · · · · · · · · · · · · · · ·	Case Number	
Stage Stores, Inc., a Delaware cor Specialty Retailers, Inc., a Texas of Specialty Retailers, Inc. (NV), a Ne	corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-60655 Creditor ID#:
*place an "x" beside the name of the Debto against	r you are filing a claim		United States Bankruptcy Court Southern District of Texas
Name of Creditor (The person or other entity to money or property): The Daily Times	o whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	JUN 2 8 2000
Name and address where notices should be ***********************************		Check box if you have never received any notices from the bankruptcy court in this case	Michael N. Milby, Clerk
PO Box 450 Farmington NM 87499-0450		Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor		Check here replaces	iously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		Retiree benefits as defined in 11 L Wages, salaries, and compensation Your SS#: Unpaid compensation for services from to (date)	 performed
2. Date debt was incurred: 5/1/2	^)	3. If court judgment, date of	···
4. Total Amount of Claim at Time Case File If all or part of your claim is secured or enti — Check this box if claim includes interes additional charge	tled to priority, also complet t or other charges in additio		Attach itemized statement of all interest or
 5. Secured Claim. — Check this box if your claim is secured right of setoff). Brief Description of Collateral: — Real Estate — Motor Vehicle — Other All personal and intangible pro 		• • • • • • • • • • • • • • • • • • •	unsecured priority claim <u>ゆっつ8.64</u>
Value of Collateral: \$ Amount of arrearage and other charges at secured claim, if any \$	<u>time case filed</u> included in	personal, family, or household use - 11 Alimony, maintenance, or support owe 507(a)(7). Taxes or penalties owed to government of the control	nase, lease, or rental of property or services for U.S.C. § 507(a)(6). d to a spouse, former spouse, or child - 11 U.S.C. § tal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a). d to a spouse of the easter with respect to
 7. Credits: The amount of all-payments on this the purpose of making this proof of claim. 8. Supporting Documents: Attach copies notes, purchase orders, invoices, itemized stater court judgments, mortgages, security agreemen DO NOT SEND ORIGINAL DOCUMENTS. If the explain. If the documents are voluminous, attack 9. Date-Stamped Copy: To receive an ackenclose a stamped, self-addressed envelope and 	s of supporting documents, such ments of running accounts, cont its, and evidence of perfection of e documents are not available, in a summary. knowledgment of the filing of you	n as promissory tracts, of lien.	
Sign and print the name and (attach copy of power of attor	title, if any, of the creditor or otherwise, if any):	ner person authorized to file this claim	486
		00 or imprisonment for up to 5 years, or both	ı. 18 U.S.C. §§ 152 and 3571.

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P. O. Box 450 • 201 N. Allen Ave.
Farmington, New Mexico 87499
elephone: 505-325-4545 Fax: 505-564-4580

BILLED ACCOUNT
BEALLS
B. SUIRE -ADY. BUSINESS MGR. 10201 S. MAIN
HOUSTON, TX 77025

ADVERTISING INVOICE / STATEMENT

BILLING DATE	TERMS OF PAYMENT
05/31/00	û days

BILLED ACCOUNT NO.	AGENCY / CLIENT
t0100037-000	
NAME OF AGE	NCY / CLIENT

DATE	REFERENCE #	CHARGE OR CREDITS DESCRIPTION	INS	SAU DIMENSIONS	BILLED UNITS	RATE	AMQUNT	TOTAL
<i>}</i>		Beginning Balance					5924.48	5924.48
05/17/00	0206013 -000	3F 24100 @ 46/THOUSAND					1108.60	7033.08
05/17/00		Tax					67.21	7100.29
05/22/00	02517346-001	ch 646202					-5559.92	1540.37
05/04/00	01544463-001	01 -#0050652 GOB AD 205-40%	1	4×14.00	56.00 in	9.20	515.20	2055.57
05/31/00		Tax					31.24	2086.81
05/05/00	01544466-001	01-#0050854 BESTBRANDS NA	1	3×10.00	30.00 in	9.20	276.00	2362.81
05/31/00		Tax					16.73	2379.54
05/10/00	01544468-001	04 - #0050467 MOMS DAY	1	5×11.00	66.00 in	3.50	231.00	2610.54
05/31/00		Tax	,7				14.01	2624.55
05/11/00	01544471-001	01 -#0050653 GOB AD 20%-40%	1	4×14.00	56.00 in	9,20	515.20	3139.75
05/31/00		Tax					31.24	3170.99
05/12/00	01544474-001	01 -#0050467 MOMS DAY	1	6×11.00	66.00 in	9.20	507.20	3778.19
05/31/00		Tax					36.81	3815.00
05/18/00	01545624-001	01 ~ #0050654 GQB AD 20% +	1	4 × 14.00	56.00 in	9.20	515.20	4330.20
05/31/00		Tax					31.24	4361.44
05/24/00	01545627-001	01 -#0050503 MEMORIAL DAY	1	4 × 14.00	56.00 in	9.20	515.20	4876.64
05/31/00		Tax					31.24	4907.88
05/24/00	01545628-001	04 -#0050503 MEMORIAL DAY	1	4 × 14.00	56.00 in	3.50	196.00	5103.88
05/31/00		Tax					11.88	5115.76

CURRENT		AGIN	IG .	· .
	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS

TOTAL	NET	1 ርጋ ቤ ላ ፈ	INIT	\Box

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

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VISA

If you desire to charge this amount to your credit card, please complete the following information and return to the address above: [] VISA [] Mastercard [] Discover Acct# ______ Exp Date _____

Signature _____

BILLED ACCOUNT NO.

BILLED ACCOUNT NAME **BEALLS** B. SUIRE - ADY. BUSINESS MGR. AMOUNT REMITTED

t0100037-000

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BILLED ACCOUNT	
BEALLS B. SUIRE-ADY. BUSINESS MGR. 10201 S. MAIN HOUSTON, TX 77025	

ADVERTISING INVOICE / STATEMENT

BILLING DATE	TERMS OF PAYMENT
05/31/00	0 days

BILLED ACCOUNT NO.	AGENCY / CLIENT
t0100037-000	
NAME OF AGE	NCY / CLIENT -

DATE	REFERENCE #	CHARGE OR C	REDITS DESCRIPTION	ON INS	SAU DIMENSIONS	BILLED UNITS	RATE	AMOUNT	TOTAL
05/25/00 05/31/00	01545631-001	01-#005005 Tax	03 MEMORIAL DA	Y 1	4 × 14.00	56.00 in	9.20	515.20 31.24	5630.96 5662.20
05/25/00 05/31/00	01545634-001	01 - #005065 Tax	5 23% - 40%	1	4 × 14.00	56.00 in	9.20	515.20 31.24	6177.40 6208.64
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		<u>-</u>			_,		<u> </u>	· ·	
CURRENT	1-30	DAYS	AGIN 31-60 DAYS		DAYS	OVER 90 DAYS		TOTAL NET AMO	UNT DUE
5 844 .0	9	0.00	364.56		70.00			6	208.64
.EASE RETURN	Ī THĪS PORTION	WITH YOUR RE	MITTANCE TE			· · - · - · - · - · - · - · · · ·		se complete the follow	

BILLED ACCOUNT NO. t0100037-000

VISA

MC

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BILLED ACCOUNT NAME

Acct# _____

and return to the address above: [] VISA [] Mastercard [] Discover

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BEALLS B. SUIRE-ADY. BUSINESS MGR. AMOUNT REMITTED

Exp Date

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